

CLAIMS ONLY						Application Number 10731085	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	*	*
1	I					51		
2		I				52		
3		I				53		
4		I				54		
5	I					55		
6		I				56		
7		I				57		
8		I				58		
9	I					59		
10	I					60		
11		I				61		
12		I				62		
13		I				63		
14		I				64		
15		I				65		
16						66		
17						67		
18						68		
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40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	3					Total Indep		
Total Depend	12					Total Depend		
Total Claims	15					Total Claims		